Cambian

Complaint Tracking Form for Individuals

Location:		Complaint Reference	
The Individual making the complaint		**Complaint Category**	
Individual Name:		MDT	
		Staff Behaviour	
		Environment	
		Medication/Treatment	
		Health and Safety	
Complaint type	Written Verbal	Other:	
Staff member receiving the complaint			
Name:	Position:	Date Received:	

Actions to be carried out	Yes/ No	Name of person responsible	Date completed	Sign when completed
Acknowledgement letter sent				
Register completed on complaint log sheet				
Investigation commenced				
Investigation completed				
Response letter sent to complainant				
Entered onto weekly **CambianKPI**				
Complaint sent to Ofsted/CQC/HIW (if necessary)				
All documents in complaints file				

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The Investigating Staff Name	

Summary of the complaint

People involved in the investigation, their role and their involvement

1.	
2.	
3.	
4.	
5.	

Actions taken

Individuals Comments

Individuals Signature		Date	